INTERNATIONAL STUDENT FINANCIAL STATEMENT

The State University of **New York**

This is a two-page form. Be sure to read all information before completing this form.

International students must document their ability to meet all educational and living expenses for the first year of their intended study before this University can issue a Certificate of Visa Eligibility (form I-20 or DS-2019) per immigration regulations. Although you must only show proof for the first year of study, funding must be available for your entire course of study from your personal or sponsored funding sources. International students are NOT eligible for financial aid and U.S. Federal immigration regulations severely restrict international student employment so students should not expect to subsidize their studies by earning income in the United States.

INSTRUCTIONS:

Part I: Answer all questions in Part I completely.

Part II: In the first column, indicate the source(s) of your funding. In the column headed Year 1, indicate the amount (in U.S. dollars) available for each year of study. Each sponsor must verify these amounts by signing the form. Be sure to include supplementary documents as indicated and provide official documentation of funding. Please note that if you send originals by mail, you must retain a set of originals for your visa interview. The originals sent to the campus will not be returned.

All documentation must be dated within six (6) months of the date of initial enrollment at the SUNY campus to which you are applying. A more current version may be requested by the individual SUNY campus to verify funding. The SUNY campus has provided you with an estimate of their annual education and living costs for international students. You must document financial support equal to or greater than this amount. Tuition and fee estimates, as well as cost of living expenses, are subject to change without notice and will usually increase each year. Students must be prepared to meet these increases.

SOURCE OF FUNDS – REQUIRED DOCUMENTATION: **Please provide in English and in US dollars.

Personal/Family: Signatures of sponsors on this form. Bank verification on both this form and in a separate bank statement.

Scholarship: Official scholarship letter from the institution awarding the scholarship. The award letter must contain the name of the student, the amount of money available for each year of study, the duration of the award (including beginning and ending dates), the degree and major field of study for the award, and the name of the SUNY campus to which the award is applicable.

Government or Employer: Official letter indicating amount of support and containing the same information as for "Scholarship" described above.

Loans: Official letter from credit institution indicating approval of the loan and the amount approved.

Dependent Support: A student wishing to have his/her family member(s) accompany him/her must document additional funding for each family member per calendar year of intended study. Each campus will provide you with the required spouse/child documentation. The costs may vary based on campus and regional area and are estimated living costs.

The SUNY campus to which you are applying reserves the right to require additional financial documentation and/or pre-payment from students whose countries impose currency exchange restrictions or other obstacles to the transfer of currency. Students from such countries will be notified of specific requirements when they have submitted a completed application.

PART I. (Type directly into the form or print and write clearly in ink)

NAME OF STUDENT: FAMILY/LAST NAME	FIRST/GIVEN	MIDDLE

PERMANENT ADDRESS IN HOME COUNTRY: STREET			
CITY	PROVINCE, IF APPLICABLE OR STATE	COUNTRY	POSTAL CODE

EMAIL	TELEPHONE NUMBER

COUNTRY OF CITIZENSHIP	COUNTRY OF BIRTH	DATE OF BIRTH (MONTH/DAY/YEAR)

CAMPUS TO WHICH YOU ARE APPLYING	DEGREE FOR WHICH YOU ARE APPLYING	MAJOR FIELD/DEPARTMENT

DEPENDENTS:

☐ I plan to come without dependents

☐ The following dependents will accompany me (list names and relationships):

_____

_____

FUNDING:

Does your country restrict dollar exchange? ☐ Yes ☐ No

What is the maximum dollar amount permitted for a student? $_____

Do you have a source within the U.S. for emergency funds once you arrive in this country? ☐ Yes ☐ No

If YES, name source_____

Amount available in U.S.: $_____

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PART II. Complete all that apply. Enter amount of assured support for the first year in U.S. Dollars. These funds, plus expected increases, are expected to be available for each year of study in the U.S. by the student's funding source/sponsor.

SOURCE OF FUNDS	YEAR 1	REQUIRED VERIFICATION
PERSONAL SAVINGS: Name of Bank: _____ Account Holder: _____	$	1. Bank Statement/Letter from Bank on official bank letterhead. 2. Complete (A) and (C).
FAMILY/RELATIVE/SPONSOR: Name: _____	$	1. Bank Statement/Letter from Bank on official bank letterhead with sponsor's full name and address. 2. Complete (A), (B), and (C).
SCHOLARSHIP/LOAN: Awarded by: _____	$	1. Official award letter. See instructions on page 1. 2. Loan approval letter. See instructions on page 1. 3. Complete (C).
GOVERNMENT/EMPLOYER/OTHER: Name of Sponsor: _____ Other (specify source and type of support): _____ _____	$	1. Official letter of support. See instructions on page 1. 2. Bank statements, affidavits, or sworn statements. 3. Complete (C).
TOTAL:	$ 0	

VERIFICATION:

A. This is to certify that the funds indicated above are on deposit or are being held in the name of the account holder listed above, family members, or sponsors (named above) at the savings institution named below. Verification of amounts is without liability for the bank or its officials. Attach separate statement of accounts on official bank letterhead or with official signature/seal.

Name of Bank: _____ Date: _____

Bank Official's Name: _____ Email: _____

Bank Official's Title: _____ Bank Official's Signature/Seal: _____

B. This is certify that I the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the State University Campus listed above and that I am submitting bank statements indicating the availability of these funds. I further understand that the State University cannot provide ANY financial assistance to the applicant and that I must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the University for non-payment. If the student has more than one sponsor, please provide the names, signatures and relationship information on a separate page.

Sponsor's Name: _____ Relationship to Applicant: _____ Date _____

Sponsor Signature: _____ Email: _____

C. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission, or cancellation of registration following enrollment.

Applicant's Signature: _____ Date: _____

Return this form with all additional financial documentation directly to the SUNY campus to which you are applying.